PROGRESS

OF

MEDICAL SCIENCE.

MEDICINE.

UNDER THE CHARGE OF

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The Diagnostic Value of Koch's Tuberculin.—ROTH-SCHULZ (*Beiträge zur Klin. der Tuberkulose,* 1906, vi, 167) gives the results of the use of tuberculin as a diagnostic agent in the Beelitz Sanatorium from 1902 to 1904. Over 1000 patients received the injections, nearly all being doubtful cases without lesions demonstrable by physical examination. The method employed is to administer as the initial doses 0.5 mg. of tuberculin after the temperature has been carefully observed for from four to seven days. Injections are undertaken only when the temperature is normal or shows a very slight elevation. If no reaction occurs after the first injection, in from two to four days, the same dose is usually repeated, particularly if any symptoms suggestive of a mild reaction have occurred with the first. If the temperature shows any irregularities, a longer period is allowed to elapse. Occasionally, the same small dose is repeated a third time, but, as a rule, at the next injection 1.25 mg. is given. If still no reaction occurs, this amount is occasionally repeated, but usually the dose is advanced to the maximum of 2.5 mg., which again is repeated once or even twice. A reaction is considered positive if the temperature rises 0.5° C. above the previous maximum, but the general and local phenomena are considered of great importance. The occurrence of rales where previously they were definitely absent or the occurrence of severe general symptoms are considered positive in spite of only a slight elevation of temperature. The importance of repeating the same dose of tuberculin is emphasized. Commonly a merely suggestive reaction upon the first administration is followed by severe symptoms after the second. This curious feature is analogous to the hypersensitiveness which sometimes develops during diphtheria and tetanus immunization and, indeed, may occur upon the administration of various sera. In Roth-Schulz's series of cases there is no relation between the sex, age, or general condition of the patient and the degree of reaction to the drug. The male patients react as a rule to smaller doses than the female but no factor is discovered to explain this. The duration of a lesion and its acuteness apparently bear no relation to the intensity of the reaction. The slight, closed, early cases seem to react more readily than others. As to the specificity of the reaction, we must depend chiefly upon the reports of veterinarians, and these are now almost unanimously agreed that when a definite reaction occurs tuberculosis must be present. The more carefully autopsies are performed the lower the percentage appears of reactions without demonstrable tuberculous lesions. The frequent occurrence of marked reactions in apparently normal adults and the absence of tuberculin sensitiveness in the newly born corresponds, too, very closely with our knowledge of the occurrence of tuberculosis in man. The fact that so many apparently normal adults do react positively to tuberculin is the one objection to be raised to its use as a diagnostic agent. It would be foolish to employ it indiscriminately and treat, in a sanatorium, everyone who reacts. It is merely a link in our chain of evidence and the careful consideration of the accompanying symptoms, which render the patient a suspect, are of the greatest importance for diagnosis. Marked reactions to small doses are very suggestive of an active lesion.

Clinical Contribution to the Etiology and Pathogenesis of Hepatic Cirrhosis.—Jagie (*Wien. klin. Woch.*, 1906, xix, 1058) reports a number of cases of cirrhosis of the liver which have been carefully observed during the past few years in the late Dr. Nothnagel's clinic. He points out the unsatisfactory classifications at present obtaining and insists upon the importance of discovering if possible the underlying cause of the condition. The anatomical classification, for instance, is a very unsatisfactory one, as alcohol, among other poisons, may cause two distinct types of the disease. In his first group of cases, numbering seventeen, the clinical picture is fairly uniform. All of them are marked alcoholics, and the initial symptoms of the disease those of alcoholic gastritis and enteritis. Jaundice occurs early in all, and is of a various and varying degree. One special symptom upon which Jagie lays great stress is the occurrence of attacks of pain in the hepatic area with tenderness over the liver. This he considers an important diagnostic feature. According to Naunyn, the attacks of pain and the jaundice are referable to an associated cholangitis. With every cirrhosis there is a certain degree of obstruction to the flow of bile, and this stasis must favor bacterial infection. Jagié points out that conversely infection from the catarrhal intestines may play an important etiological role in these cases. In the second group, numbering five cases, the importance of a chronic tuberculous lesion, as a causative factor, is strongly emphasized. A history of excessive alcoholic indulgence is absent; but all give a definite history of symptoms produced by tuberculosis, arrested apical lesions, pleurisy, protracted and severe bronchitis. The autopsy in all five cases,